

Rev. 3/19

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

Bryan Johnathan Parent 95874  
*Plaintiff's full name and prisoner number*

Plaintiff,

v.

Case No. 2:22-cv-01279-DGE-TLF  
(leave blank – for court staff only)

ALTA LANGEDAN

JOSE BRIONES

*Defendant's/defendants' full name(s)*

Defendant(s).

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

Jury Demand?

☒ Yes  
☐ No



DEC 05 2022

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
BY \_\_\_\_\_ DEPUTY

**WARNINGS**

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

#### I. PLAINTIFF INFORMATION

PARENT BRYAN JOHNATHAN

Name (Last, First, MI)

Aliases/Formal Names

95874

Prisoner ID #

ISLAND COUNTY CORRECTIONAL FACILITY

Place of Detention

P.O. Box 5000

Institutional Address

COUPEVILLE

WA

98239

County, City

State

Zip Code

Indicate your status:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pretrial detainee | <input type="checkbox"/> Convicted and sentenced state prisoner   |
| <input type="checkbox"/> Civilly committed detainee   | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee         |   |

**II. DEFENDANT INFORMATION**

*Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.*

Defendant 1: LANGDAN ALTA  
 Name (Last, First)  
MEDICAL DIRECTOR  
 Current Job Title  
P.O. Box 5000  
 Current Work Address  
COUPEVILLE WA 98239  
 County, City State Zip Code

Defendant 2: JO BRIONES JOSE  
 Name (Last, First)  
CHIEF & JAIL ADMINISTRATION  
 Current Job Title  
P.O. Box 5000  
 Current Work Address  
COUPEVILLE WA 98239  
 County, City State Zip Code

Defendant 3: \_\_\_\_\_  
 Name (Last, First)  
 \_\_\_\_\_  
 Current Job Title  
 \_\_\_\_\_  
 Current Work Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 County, City State Zip Code

### III. STATEMENT OF CLAIM(S)

*In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.*

*If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).*

*Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.*

*If you have more than three counts, attach additional pages and follow the same format for each count.*

*If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).*

#### COUNT I

*Identify the first right you believe was violated and by whom:*

1.1 FOURTEENTH AMENDMENT INADEQUATE MEDICAL CARE

*State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

1.2 ON OCTOBER 27TH 2021 I WAS ARRESTED AND BOOKED INTO THE ISLAND COUNTY JAIL, HAVING STARTED AND BEEN ON THE SUBOXONE PROGRAM WITH IDEAL OPTIONS FOR ABOUT A YEAR. BEFORE

MY ARREST. I PICKED UP MY SUBOXONE PRESCRIPTION  
 FROM SAFEWAY, AS I WAS BROUGHT INTO JAIL I LET  
 THEM KNOW I HAD A PRESCRIPTION FOR MY MEDS.  
 ALTA DENIED MY MEDICATION STATING ON A MED  
 REQUEST FORM DATED 11-13-21 THE JAIL PROVIDER DOES  
 NOT CONTINUE SUBOXONE WHILE YOU ARE INCARCERATED  
 FROM THE 27<sup>TH</sup> OF OCT 2021 I WAS DENIED MY  
 MEDICATION AND THEY WOULD NOT TREAT ME SO I CALLED  
 MY ATTORNEY THEY TRANSPORTED ME TO SKAGIT COUNTY  
 JAIL IN ~~ON~~ LESS THAN A WEEK THEY RESTARTED ME  
 ON MY MEDS. ALTA DURING A MEETING TOLD ME  
 THAT JAIL AND PRISON SYSTEMS DON'T CONTINUE  
 SUBOXONE I HAVE BEEN ON THE M.A.T PROGRAM  
 IN JAIL BEFORE I KNOW SHE LIED AND DISCRIMINATED  
 ME AND I HAVE MY MEDICAL RECORDS TO  
 PROVE MY CLAIM

State with specificity the injury, harm, or damages you believe you suffered as a result of the  
 events you described above in Count I. Continue to number your paragraphs.

I DON'T JUST USE SUBOXONE FOR SUBSTANCE ABUSE BACK  
 AROUND NOV DEC JAN 2020 I WAS ADMITTED TO THE  
 PSYCHIATRIC WARD FOR SUICIDAL IDEATION. THEY STARTED  
 ME ON <sup>HARBVIEW</sup> METHADONE THEN SUBOXONE FOR MY MENTAL HEALTH



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*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.*

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**COUNT III**

*Identify the third right you believe was violated and by whom:*

3.1

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*State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

3.2

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#### IV. RELIEF

*State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.*

PUNITIVE DAMAGE THREE  
HUNDRED MILLION DOLLARS \$300. MILLION

#### V. SIGNATURE

*By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.*

12-2-22

Dated

Bryan Parent

Plaintiff's Signature

**PARENT**

INMATE MAIL SERVICE  
ISLAND COUNTY CORRECTIONS  
AND DETENTION FACILITY  
P.O. BOX 1700  
COUPEVILLE, WA 98239



DEC 05 2022

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
BY WESTERN DISTRICT OF WASHINGTON  
DEPUTY

**LEGAL**

SEATTLE WA 980  
2 DEC 2022 PM 6



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